

**DATE**

3/24/22

PATIENT

Sammy King

SPECIES

Canine

BREED

Toy Fox Terrier

SEX

Neutered Male

AGE

2/2/07

WEIGHT

8.32 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

HOSPITAL NAME

Healing Paws

REFERRING VET

Dr. Preston

INVOICE

36458

PRESENTING CLINICAL SIGNS

History of elevated liver values. Had suspect nodular regeneration and some small splenic nodules on U/S in 2019. Liver values have been holding steady but elevated on latest bloodwork. P otherwise doing well clinically.

Current Medications: Rx Hepato Support - 1 cap BID, on since 2020, L-thyroxine 0.2mg tabs - 1 q 12h, on since 2018.

Lab Results: 3/22/22 - ALT 249 (12-118), ALP 195 (5-131), 1/17/22 - ALT 150, ALP 149, 7/21/21 - ALT 124, ALP 162.

Date of Previous IntraPet Ultrasound: 1/31/2019. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.99 cm. The left kidney measured 4.17 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.93 cm x 0.61 cm at the caudal pole and 0.60 cm at the cranial pole. The left adrenal gland measured 1.79 cm x 0.54 cm at the caudal pole and 0.69 cm at the cranial pole.

Spleen

The **spleen** presented persistent mixed hypoechoic nodular changes similar to the prior sonogram up to 1.5 cm.

Liver

The **liver** presented similar pattern as on the prior sonogram, yet progressed with further echogenic nodular changes and increased portal markings. Generalized irregular enlargement of the liver noted. An irregular cyst was noted measuring 2.5 cm x 1.36 cm in the right liver. An anechoic cyst in the left caudal liver measured 1.0 cm. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

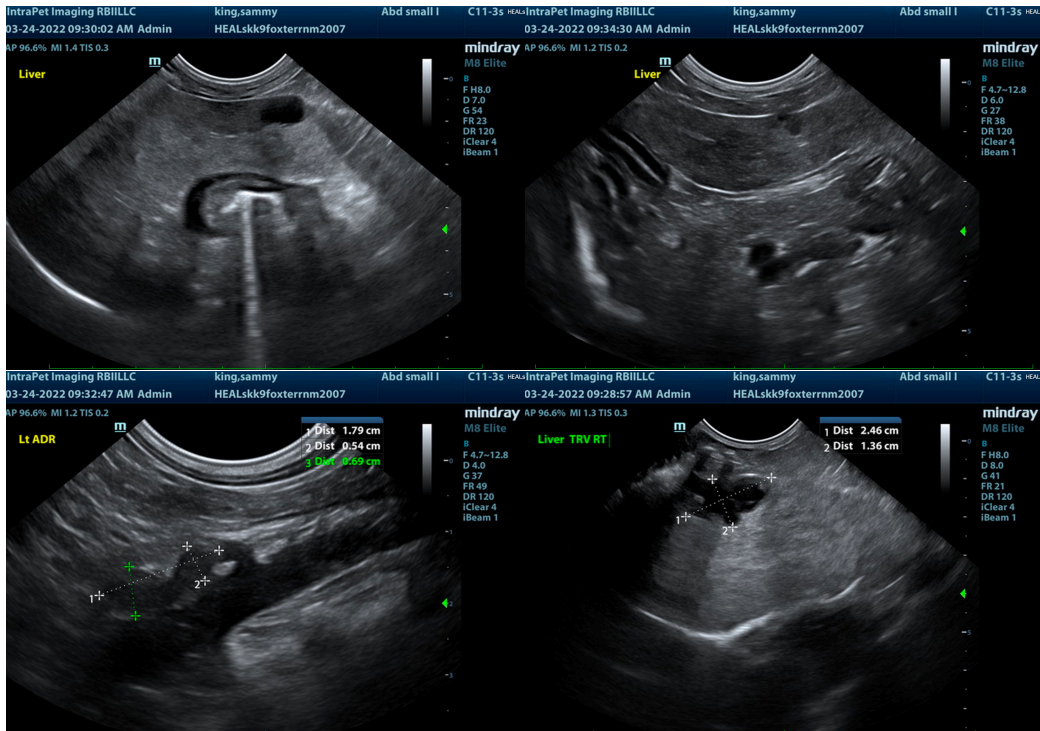
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

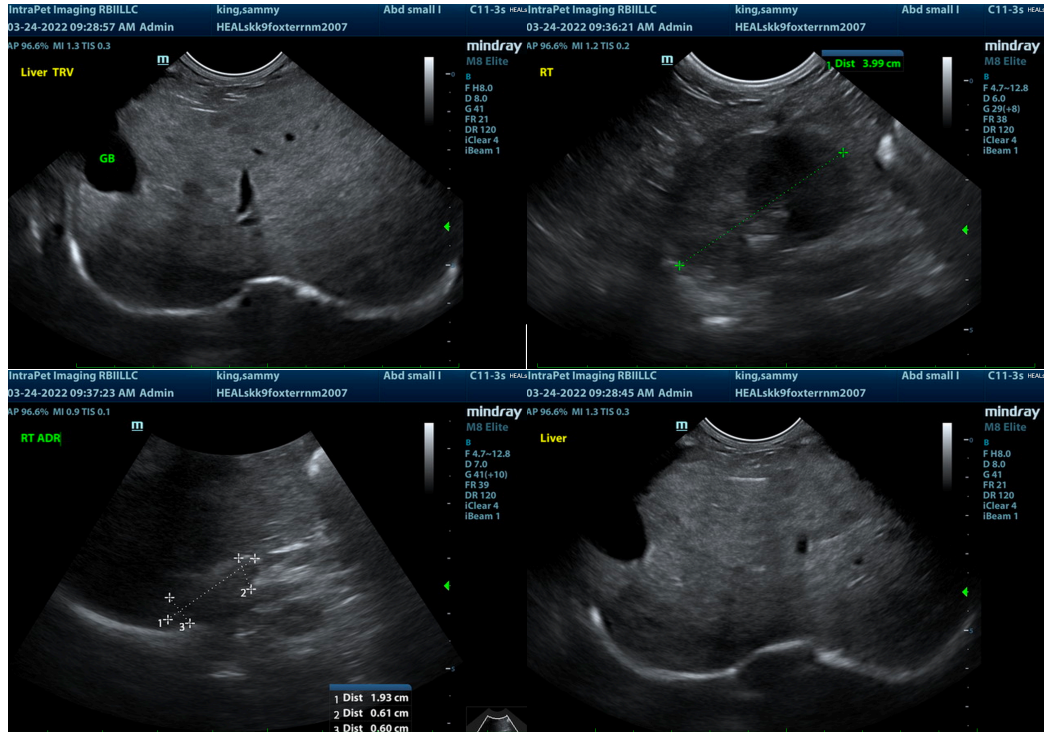
ULTRASONOGRAPHIC FINDINGS

- Nodular hepatic and splenic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the general hepatic parenchyma and nodules recommended. The nodular changes in the spleen appear to have partially resolved compared to the prior sonogram. However, I am concerned about long-term viability of the liver. Bile acid profile, dietary adjustment, and further management based on FNA results recommended.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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